

Provider Gold Star Rating and Monitoring

An Overview of North Carolina's Standardized Managed Care Provider Monitoring

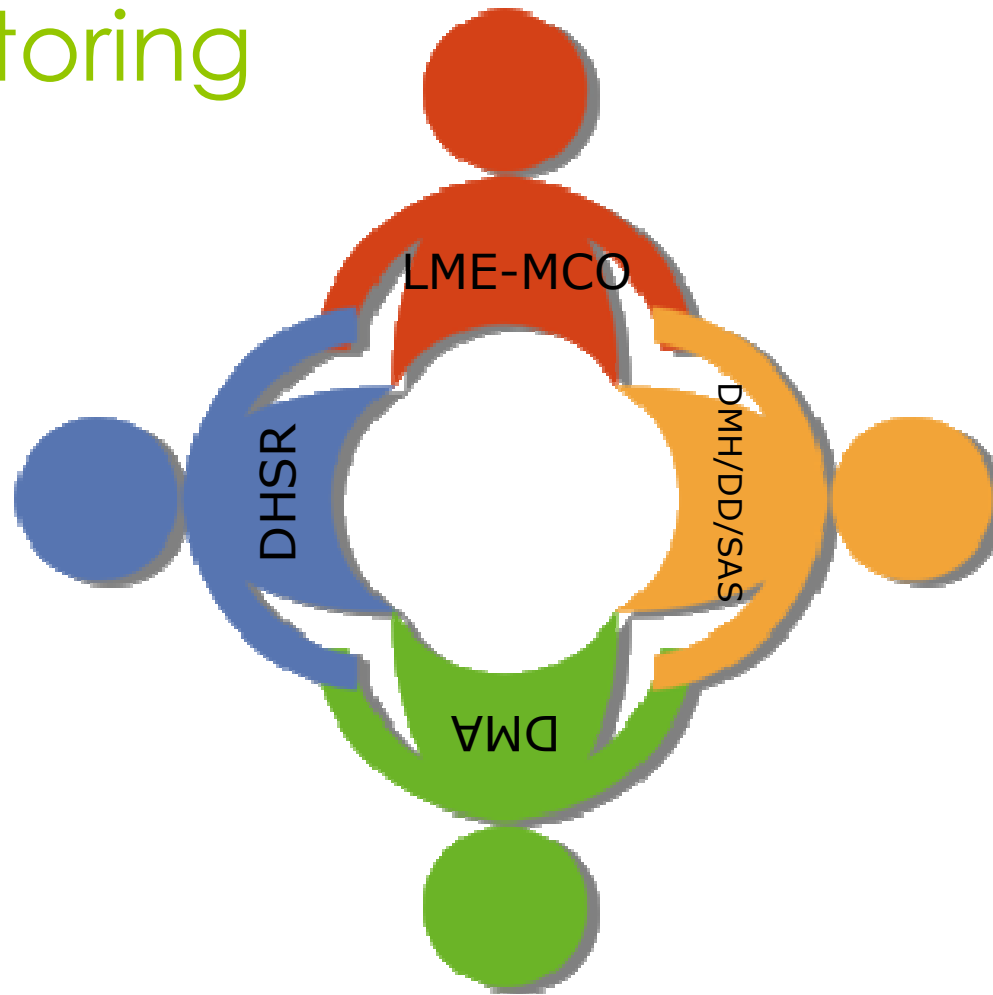
Background and Purpose

- Transition in NC's MH/DD/SA system
 - Transition from LMEs to LME-MCOs
 - Transition from fee-for-service to capitated system
 - Transition leads to assumption of more risk by the LME-MCO, with an outcome of higher quality and cost effective services
 - New tools will be utilized to manage a strong provider network

Background and Purpose

- Increased need for standardization
- Reduce duplication and increase coordination
 - For Providers
 - For LME-MCOs
 - For Consumers
 - For Other Stakeholders
- LME-MCOs switching from FEM and PMT to Gold Star system.
- LME-MCOs, DHSR, DMA, and DMH/DD/SAS work together and share findings.

Partnership in Provider Monitoring



DMA & DMH/DD/SAS Roles

- Implement federal and state regulations regarding service oversight.
- DMA and DMH/DD/SAS transfer that role to the LME-MCOs pursuant to 42 CFR 455.450-452 (Screening Methods), 10A NCAC 27G .0600, and Block Grant Regulations.
- To implement consistently across state, DHHS sets requirements in the Contracts with the LME-MCOs.
- DHHS ensures compliance through look behinds, and quarterly and annual reporting to intradepartmental monitoring teams.

DHSR Role

- Conducts initial review of all licensee applicants to determine if the facility is in compliance with rules and statutes, including:
 - Client rights
 - Confidentiality
 - Core rules and specific licensure rules in 10A NCAC 27G
 - Other statutes: criminal background check, smoking, etc.
- Conducts annual surveys of all residential facilities.
- Conducts complaint and follow up surveys
- Levies penalties and sanctions for non-compliance up to revocation.

LME-MCO Role

- Monitors contracts with providers, including requirements in 10A NCAC 27G .0600 monitoring rules.
- Provides limited monitoring of non-contracted facilities
- Provides technical assistance to providers
- Provides care coordination to consumers—they have the ability to move a consumer if the facility is not meeting their needs. DHSR can sanction the facility, but has no authority to move individuals.

Comparison of LME-MCO & DHSR Monitoring

- ◉ DMA, DHSR, DMH/DD/SAS & PBH reviewed the PBH Monitoring tools:
 - ◉ Routine
 - ◉ Preferred
 - ◉ Exceptional
 - ◉ Gold Star
 - ◉ Non-Contract
- ◉ Compared PBH Monitoring tools to DHSR monitoring

Comparison: LME-MCO Routine Monitoring in Gold Star Process

- The Routine Monitoring items in the Gold Star process include a review of NC administrative rules, including:
 - client rights
 - confidentiality
 - relevant rules in 10A NCAC 27G.

Comparison of LME-MCO & DHSR Monitoring

- Preferred, Exceptional, and Gold Star monitoring are done at the request of the facility and are based on the facility instituting changes that are above and beyond licensure rules.
- Therefore, it was agreed that no changes needed to be made to these tools.
- The Non-Contract monitoring tool is a simple tool which will remain in place at this time.

Reducing Duplication

- We found that DHSR initial and annual surveys cover all items in the Routine Monitoring checklist.
- LME-MCO will accept DHSR's survey and findings in place of the Routine Monitoring review if there has been an initial or annual survey within the past year.
- If there has not been an annual survey or initial survey within the past year, the LME-MCO may use the routine provider monitoring tool.
- URAC (Utilization Review Accreditation Commission) and NCQA (National Committee for Quality Assurance) are in agreement with LME-MCOs accepting DHSR survey findings.

Accrediting Bodies

URAC's standards for network credentialing and management (N-CR10, N-CR16(c) and NM-17) require:

- The LME-MCO shall develop and implement policies and procedures to assure that they will take immediate action to investigate matters that pose a threat to consumer safety or that jeopardize the quality of services provided to consumers including, but not limited to, suspending the status of a participating provider or imposing other appropriate sanctions.

DHSR and LME-MCO Process: DHSR Tasks

- DHSR surveyors will ask facility who they contract with upon exit to make sure each LME-MCO receives the information electronically. Will include local LME-MCO.
- DHSR will copy LME-MCO director and one other identified person on Statements of Deficiency and Administrative Action letters of facilities they contract with and facilities that are located in their catchment area.

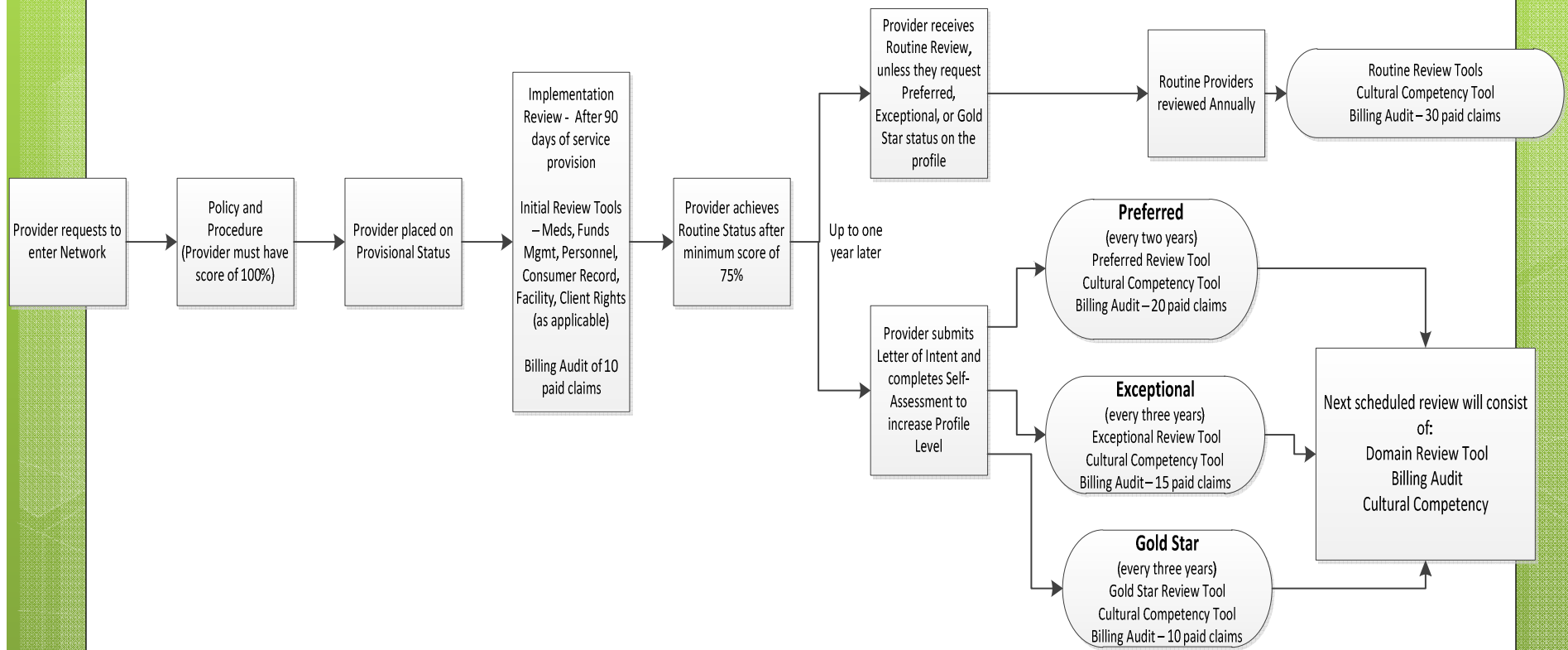
DHSR and LME-MCO Process: LME-MCO Tasks

- LME-MCO contacts will share information with relevant individuals/teams in their agency.
- LME-MCO will send (electronically) DHSR results of routine reviews.
- Sharing of information will enhance ability of each agency to be consistent with interpretation of rule, and to identify patterns and trends so we can work together to problem solve.



Gold Star Rating Model Overview

Gold Star Monitoring Process Flow Chart



POLICY/PROCEDURE REVIEW PROCESS

- New Provider Policy/Procedure Review
- Additional Services Policy/Procedure

Policy/Procedure Review

- Full Policy and Procedure Review
- Additional Services Policy and Procedure Review

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

SCHEDULING OF REVIEWS

- 4-6 weeks prior to review
- Confirmation of main contact and location
- Electronic Records
- AFL/Unlicensed AFL sites

Gold Star Provider Performance Profile Grid

Profile Level	Duration of service provision:	Achieve a review score of:	Frequency of review:
Routine	6 months	75%-100%	Annually
Preferred	1 year	80%-100%	Every two years
Exceptional	2 years	90%-100%	Every three years
Gold Star	3 years	95%-100%	Every three years

Performance Profile Grid

- See handout

or

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

IMPLEMENTATION REVIEW

- Funds Review
- Medication Review
- Personnel Review
- Record Review
- Rights Notification Review
- Billing Audit

IMPLEMENTATION REVIEW

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

PROVIDER PERFORMANCE PROFILE BILLING AUDITS

- Routine - 30 paid claims
- Preferred - 20 paid claims
- Exceptional - 15 paid claims
- Gold Star - 10 paid claims

Sample of paid claims includes at least one date of service for every service type provided (by service code).

ROUTINE REVIEW

- Report and Safety Review
- Funds Review
- Medications Review
- Personnel Review
- Record Review
- Rights Notification Review
- Billing Audit

ROUTINE REVIEW

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

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PREFERRED, EXCEPTIONAL, AND GOLD STAR REVIEW

- Self-Monitoring quality management systems
- Person-centered planning
- Personnel
- Agency functions

Performance Profile Review

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

Advanced Placement on Profile

- Letter of Intent:
Routine/Preferred/Exceptional/Gold Star
- Provider self-assessment is completed and submitted with letter of Intent
- QM verifies through a desk and onsite review that the Provider has met all requirements for level requested

DOMAIN REVIEW

- Incident Reporting and Monitoring
- Status/Compliance with Regulatory Entities
- Provider Grievance Responsiveness
- Quality Performance Activities
- Billing Audit

DOMAIN REVIEW

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

Unlicensed Alternative Family Living (AFL)

- Home environment
- Personnel
- Staff training
- Medication storage
- Fire inspection- monitor for compliance
- Sanitation/health inspection (as required)

Unlicensed AFL Review

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

Licensed Independent Practitioner (LIP) Profile Review Process

MONITORING PROCESS OVERVIEW

- Initial Review
 - On-site assessment
- Preliminary Status/Implementation Review:
 - Served LME-MCO consumer for 90days
 - Implementation review score of 85%
 - Reviewed annually

MONITORING PROCESS OVERVIEW

- Advancement to Preferred Status
 - Eligible after successful completion of 90 day Preliminary review with a minimum score of 85%
 - Reviewed every 3 years
 - Maintain review scores between 85% to 100%
 - Returned to Preliminary status for one year until next review if 85% is not met

Review scores below 75% are evaluated by the Credentialing Committee

LIP PROFILE GRID

Status	Duration of Service Provision:	Achieve a review score of:	Frequency of review:
Preliminary	90 days or less	below 85%	Annually
Preferred	90 days or more	85% - 100%	Every three years

INITIAL REVIEW

- Initial on-site review tool
- Initial on-site review guide
- Initial tool is used when: entering network, change of address, adding an additional site
- Review forms can be found online:

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

ELEMENTS OF ON-SITE REVIEW

- State Standards
- NCQA & URAC
- HIPPA/Confidentiality
- NCQA & LME-MCO
- State Standards/Client Rights
 - Consent for treatment
 - Authorization to release information
 - Notifications of consumer rights
 - Notification of grievance process
 - Consumer treatment plan
 - Progress/treatment notes

ELEMENTS OF ON-SITE REVIEW-CONTINUED

- Compliance with Record Standards
- Confidentiality of Treatment Records
- Documentation Standards
 - Presenting Problem
 - Mental status exam
 - Psychiatric history
 - Special Status situations/Suicide Risk
 - Medical History
 - Developmental/Education history for Minor
 - Medications
 - Allergies
 - Preventive services/risk screening
 - Documentation of clinical findings and evaluation of each visit

ADDITIONAL SITES/CHANGE OF ADDRESS

Steps to adding an additional site or moving sites:

- Contact LME-MCO Provider Relations/Network Management
- QM Department completes on-site review tool

Network and QM should be contacted before services are provided to a consumer at any new site/location

SCHEDULING OF PROFILE REVIEWS

- 4-6 weeks prior to review
- Confirmation of main contact and location
- Electronic Records
- Review of scheduling form

PRELIMINARY/PREFERRED STATUS REVIEW

- LIP Review Tool
 - LIP Review Guide
 - Same tool used for both Preliminary and Preferred
 - Review forms can be found online:
 - <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>
- or
- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

REVIEW TOOL ELEMENTS

- Consent for treatment
- Authorization to release/disclose form
- Record Storage/Confidentiality
- Grievance Process/system
- Service Plan
- Consumer Satisfaction Survey
- Cultural Competency Plan

Grievances

- CFR 438.400 definition of Grievance – (an expression of dissatisfaction about any matter other than an action on a request for services).
- Initial Grievance managed by LME-MCO
- LME-MCO is required to have 90 day resolution of grievance
- LME-MCO is at risk
- LME-MCO – Client Safety – priority
- DHSR – Facility / Agency violation of NC Statute / Rules - priority
- Working together in partnership

Items to be Covered at Later Trainings

- Non-contract providers
- Sanctions grid
- Billing audit
- Monitoring of providers contracting with multiple LME-MCOs (.0600)

Lessons Learned

- Be prepared to provide a lot of technical assistance.
- Implementation review will typically occur 12-18 months out from initial receipt of policy/procedure.
- Providers will seek to pursue higher level on the profile without having quality systems in place.
- Some providers choose to remain at routine status on the profile.
- Incentives are important to providers on the profile.
- LIP's should be eased into the monitoring process.
- Supervision contracts- issues identified the first year that required paybacks.



Questions

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